

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033431

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8882

FILED SEP 6 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

ST. LOUIS

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3006 VIRGINIA

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3006 VIRGINIA

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ERNST

BERGMANN

4. DATE

Month

Day

Year

DEATH

SEPT. 1

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

OCT 20

9. AGE (last birthday)

1901 - 61

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAREHOUSEMAN

10b. KIND OF BUSINESS OR INDUSTRY

SINCLAIR REF. CO.

11. BIRTHPLACE (City and state or country)

ARKANSAS

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

ERNST BERGMANN

13b. MOTHER'S MAIDEN NAME

ANNA KLUGE

14. NAME OF HUSBAND OR WIFE

PAULINE BERGMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

No

16. SOCIAL SECURITY NO.

93

17. INFORMANT

PAULINE BERGMANN

Address

3006 VIRGINIA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio sclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

17 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio sclerosis

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 7 1963 to Sept 1 1963 and last saw him alive on Aug 28 1963

Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

B. J. Mc Ginnis M.D.

22b. ADDRESS

16 Hampton Village

22c. DATE SIGNED

9-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

SEPT 4 1963

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION

23d. LOCATION (City, town, or county)

ST LOUIS Co. Mo

(State)

24. FUNERAL DIRECTOR

Thomas Kutes

24. ADDRESS

2906 Francis

25. DATE RECD. BY LOCAL REG.

SEP 3 1963

26. REGISTRAR'S SIGNATURE

R. Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 2/6

3

4 9

5 1

6

7 1

8 2

9

10

11

12 90-1

13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Shawnee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr Mc Ginnis Hampton College
721-3561
230-300